

# Child and Family Well-being

Well Being Outcome 1:	Families have enhanced capacity to provide for their children's ne	eds.	
Item 17	Needs and services of child, parents, and foster parents  Case Review Measures		
Measurement or Goal De	escription	Original CFSR Baseline (as negotiated 10/04)	Baseline from Central Case Review
Measurement Method	Case Review		
Baseline Measure	CFSR onsite review, November 2003	46%	64%*
Improvement Goal	Item achieved when improvement goal met or exceeded for two consecutive PIP quarterly reporting periods.	52% (Within one year from approval of PIP)	66%** (Within one year from approval of PIP)
		61% (Within two years from approval of PIP)	71% **(Within two years from approval of PIP)
Projected Date of Achievement for Goal	No later than two years from date of approved PIP.	9/06	9/06

<sup>\*</sup>Children's Administration developed a new case review tool that encompasses the Child and Family Services Review requirements in addition to statewide policies that need to be measured. Upon completion of the new tools a new baseline was established. This baseline was approved by DHHS Region X.

<sup>\*\*</sup>Based on the new baseline, improvement goals were adjusted with approval from DHHS Region X.

Well Being Outcome 1:	Families have enhanced capacity to provide for their children's needs.							
Item 17		Needs and services of child, parents, and foster parents Case Review Measures						
Progress Updates	1 <sup>st</sup> Quarter (October- December 2004)	2 <sup>nd</sup> Quarter (January- March 2005)	3 <sup>rd</sup> Quarter (April-June 2005)	4 <sup>th</sup> Quarter (July-September 2005)	5 <sup>th</sup> Quarter (October-December 2005)			
Current Measure	No measurement updates reported during the 1 <sup>st</sup> quarter	64%*	55%	50%	86% - The state has met the 2 <sup>nd</sup> year achievement goal for one quarter.			
Improvement Goal	52% (Within one year from approval of PIP)	66% by 10/05**	66% by 10/05	66% by 10/05	66% by 10/05			
	61% (Within two years from approval of PIP)	71% by 10/06**	71% by 10/06	71% by 10/06	71% by 10/06			

<sup>\*</sup>Baseline using the new case review tool

<sup>\*\*</sup>Due to a new baseline, improvement goals were adjusted, with approval from DHHS Region X.

# Needs and services of child, parents, and foster parents Action Steps

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
Increase early and ongoing involvement of children, parents, resource families and Tribes in the assessment, development of case plans and major decisions.	<ul> <li>17.1.1 Review and revise policy and procedure regarding when and how service plans are written and updated, the involvement of children and parents and Tribes in assessments, development of case plans for in-home cases and out-of-home cases, and major decisions, to include practice guidelines for engaging children, Tribes and fathers in the process. <ol> <li>a. Establish policy workgroup to review current policy and make recommendations for necessary revisions.</li> <li>b. Management team review and approval of appropriate recommendations.</li> <li>c. Revise academy training and post-academy training on permanency to reflect policy changes.</li> <li>d. Provide training to social workers and supervisors on policy and procedure revisions.</li> <li>e. Implement policy revisions.</li> </ol> </li></ul>	12/04-4/05 4/05-6/05 7/05 7/05-9/05 10/05	Complete (4/05) Complete (4/05) Complete (7/05) Complete (3/05) Complete (12/04)	Complete.  The Training Curriculum Outline was attached to the 4 <sup>th</sup> quarterly report.  The ISSP (service plan) and guide with these changes has been completed and distributed to CA staff.  The information was included in the service plan and guide in 12/04. Originally a policy was going to be implemented to support this and was reviewed by management in 4/05, training on the "policy" was also to be provided in 7/05. Management has since decided there is no need for a policy as it is part of the plan and guide and training on the plan and guide was provided 1/05-3/05.	13.1.1

#### Item 17 Needs and services of child, parents, and foster parents Action Steps

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
	17.1.2 Develop and implement a strength-based family assessment tool.  a. Establish workgroup, including representatives from CATS, to develop a strength-based family assessment tool, supporting policies and automation requirements.  b. Workgroup to report out on recommendations.  c. Management Team reviews recommendations and approves appropriate policy/tool changes.  d. Implement electronic version of family assessment tool (pending new information system automation changes)  e. Provide training to staff, community partners and service providers to support improved assessment and case planning.  f. Revise academy training to include family assessment tool.  g. Implement strength based family assessment tool.	9/04-12/04 12/04 2/05 6/05 3/05-6/05 6/05	Complete (12/04) Complete (12/04) Complete (2/05)	The Family Assessment Tool (from Sky Valley) was attached to the 4 <sup>th</sup> quarterly report.  CA continues to seek accreditation of all offices through the Council On Accreditation. (COA) CA proposes that this item be implemented in accordance with the State accreditation schedule.  As a result of this request, the ACF/RO requested submission of an amended implementation plan and schedule. See amended schedule	13.1.3
	*New*  d. Implementation of strength-based family assessment in offices currently meeting COA accreditation standards (19 offices)  e. Implementation of strength-based family assessment in additional offices assessed by COA as meeting COA standards offices by 9/06 (estimated to be 29 offices)  f. Implementation of strength-based family assessment in all offices (state wide implementation)		Complete (10/05)  Complete (12/05)  4/06-9/06	under *NEW*.  We have completed implementation in most offices and will complete the remaining 12 offices in Spring 2006.	
17.2 Increase quality and frequency of social worker contact with	17.2.1 For children placed in out-of-home care, develop and implement an <i>INTERIM</i> policy and practice guideline for 30-day visits between social worker and parents, and social worker and child.	(Refer to 19.1.1)		Complete.	14.1.1

#### Item 17 Needs and services of child, parents, and foster parents Action Steps

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
children, parents and caregivers.	For children and families receiving services in their own home (non-dependent), develop and implement an <i>INTERIM</i> policy and practice guidelines for 30-day visits between social worker and parents and social worker and child that address monitoring safety issues.	(Refer to 19.1.3)		Complete.	14.1.4

<sup>\*</sup>Children's Administration developed a new case review tool that encompasses the Child and Family Services Review requirements in addition to statewide policies that need to be measured. Upon completion of the new tools a new baseline was established. This baseline was approved by DHHS Region X.

<sup>\*\*</sup>Based on the new baseline, improvement goals were adjusted with approval from DHHS Region X.

Well Being Outcome 1:	Families have enhanced capacity to provide for their children's	Families have enhanced capacity to provide for their children's needs.						
Item 18	Child and family involvement in case planning  Case Review Measures							
Measurement or Goal De	escription	Original CFSR Baseline (as negotiated 10/04)	Baseline from Central Case Review					
Measurement Method	Case Review							
Baseline Measure	CFSR onsite review, November 2003	48%	43%*					
Improvement Goal	Item achieved when improvement goal met or exceeded for two consecutive PIP	54% (Within one year	46% (Within one year					

quarterly reporting periods.

No later than two years from date of approved PIP.

Projected Date of Achievement for Goal

9/06

from PIP approval)

63% (Within two years from PIP approval)

from PIP approval)

9/06

51% (Within two years from PIP approval)

Well Being Outcome 1:	Families have enhance	Families have enhanced capacity to provide for their children's needs.							
Item 18	Child and family involved planning  Case Review Measures								
Progress Updates	1 <sup>st</sup> Quarter (October- December 2004)	2 <sup>nd</sup> Quarter (January- March 2005)	3 <sup>rd</sup> Quarter (April-June 2005)	4 <sup>th</sup> Quarter (July-September 2005)					
Current Measure	No measurement updates reported during the 1 <sup>st</sup> quarter	43%*	66% - The state has reached the 2 <sup>nd</sup> year achievement goal for one quarter.	62% - The state has reached the 2 <sup>nd</sup> year achievement goal for two consecutive quarters.	No more reports Are due				
Improvement Goal	54% (Within one year from PIP approval)	46% by 10/05**	46% by 10/05	46% by 10/05					
	63% (Within two years from PIP approval)	51% by 10/06**	51% by 10/06	51% by 10/06					

<sup>\*</sup>Baseline using new case review tool

<sup>\*\*</sup>Due to a new baseline, improvement goals were adjusted, with approval from DHHS Region X.

#### <u>Item 18</u> Child and family involvement in case planning Action Steps

	Goals		Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
Increase early and ongoing involvement of children, parents, resource families and Tribes in the assessment, development of case plans and major decisions.	18.1.1	Review and revise policy and procedure regarding when and how service plans are written and updated, the involvement of children and parents and Tribes in assessments, development of case plans, and major decisions, to include practice guidelines for engaging children, Tribes and fathers in the process.	(Refer to 17.1.1)			13.1.1	
	plans and major	18.1.2	Implement Family-Team Decision Making meetings (which include meetings to be conducted within 72 hours of a child's placement into care, and during placement moves).	(Refer to 3.1.1)		Complete.	3.2.1
		18.1.3	Develop and implement tools to maximize maternal and paternal involvement in decision making for the needs of their child.	(Refer to 16.1.3)			13.2.1

# Child and family involvement in case planning Action Steps

	Goals		Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
18.1 *New*	Increase early and ongoing involvement of children, parents, resource families and Tribes in the assessment, development of case plans and major decisions.	18.1.4 *New*	Obtain funding and develop video to help adolescents understand and maneuver through the dependency process.  a. Obtain funding for the production of the video.  b. Develop film with input for the Youth Advisory board.  c. Final product and implementation of the video.			*NEW*  In the Annual PIP review, we proposed and the ACF/RO concurred with adding this action step to the PIP.  In the 4 <sup>th</sup> quarter we proposed and ROX concurred with adjusting dates on benchmarks "a" and "b".  In the 5 <sup>th</sup> quarterly report, we are proposing that this item be removed from the PIP. We did not obtain funding to proceed with this item.	13.1.7

Well Being Outcome 1: Families have enhanced capacity to provide for their children's needs.				
Item 19	Worker visits with child  Case Review Measures			
Measurement or Goal De	scription	Original CFSR Baseline (as negotiated 10/04)	Baseline from Central Case Review	
Measurement Method	Case Review			
Baseline Measure	CFSR onsite review, November 2003	36%	36%	
Improvement Goal	Item achieved when improvement goal met or exceeded for two consecutive PIP quarterly reporting periods.	44% (Within one year from PIP approval)  56% (Within two years from PIP approval)	38%* (Within one year from PIP approval)  48%* (Within two years from PIP approval)	
Projected Date of Achievement for Goal	No later than two years from date of approved PIP.	9/06	9/06	

<sup>\*</sup>Although the baseline remained the same using the case review tool, the improvement goals were adjusted with approval from DHHS Region X.

Well Being Outcome 1:	Families have enhance	Families have enhanced capacity to provide for their children's needs.							
Item 19	Worker visits with child Case Review Measures				_				
Progress Updates	1 <sup>st</sup> Quarter (October- December 2004)	2 <sup>nd</sup> Quarter (January- March 2005)	3 <sup>rd</sup> Quarter (April-June 2005)	4 <sup>th</sup> Quarter (July-September 2005)	5 <sup>th</sup> Quarter (October-December 2005)				
Current Measure	No measurement updates reported during the 1 <sup>st</sup> quarter	36%	61% - The state has met the 1 <sup>st</sup> year achievement goal for one quarter.	42% - The state has reached the 1 <sup>st</sup> year achievement goal for two consecutive quarters.	69%- The state has met the 2 <sup>nd</sup> year achievement goal for one quarter.				
Improvement Goal	44% (Within one year from PIP approval)	38% by 10/05*	38% by 10/05	38% by 10/05	38% by 10/05				
	56% (Within two years from PIP approval)	48% by 10/06*	48% by 10/06	48% by 10/06	48% by 10/06				

<sup>\*</sup>Although the baseline remained the same using the case review tool, the improvement goals were adjusted with approval from DHHS Region X.

<u>Item 19</u> Worker visits with child Action Steps

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
Increase quality and frequency of social worker contact with children, parents and caregivers.	For children placed in out-of-home care, develop and implement an INTERIM policy and practice guideline for 30-day visits between social worker and parents, and social worker and child.  a. Establish policy workgroup to develop interim policy recommendations and practice guidelines to include caseload threshold for which the 30-day rule would apply and alternate frequency for when it does not. (alternate frequencies based on case load ratio)  b. Workgroup to report out recommendations.  c. Management team reviews and approves appropriate policy recommendations.  d. Revise new social worker academy training to support interim policy and practice guidelines.  e. Provide training to staff, caregivers and community partners to support policy implementation.  f. Implement policy and practice guidelines.  g. Establish baseline for compliance with 30 day visits and set performance measure.  h. Review and report on progress quarterly (based on offices rolled out per implementation plan).  i. Achieve performance measure (refer to case review measures for Items 19 and 20).	9/04  11/04 12/04  1/05  1/05  3/05 5/05  9/05-9/06	Complete (10/04)  Complete (11/04) Complete (12/04)  Complete (1/05)  Complete (1/05)	In the 4 <sup>th</sup> quarter we proposed and ROX concurred with the deletion of this item from the plan. This item has been replaced with 19.1.4.  (Refer to 19.1.4)	14.1.1

### Worker visits with child Action Steps

Goals		Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
	19.1.2	Review and revise contracts/licenses with Child Placing Agencies and make necessary changes to support 30-day visits.			The CPA contracts have been reviewed as part of the CA	14.1.3
		a. Review CPA contracts to determine what changes need to be made, and determine affected contracts	12/04	Complete (12/04)	internal contract review process. Discussions with CPA providers	
		<ul><li>b. Make necessary changes to contracts.</li><li>c. Provide training to CPA's and staff on contract changes.</li></ul>	9/05 10/05	5/06 6/06	will be taking place in order to address issues identified during	
		d. Implement statewide.	1/06	7/06	the internal review. Changes are scheduled to be incorporated	
					into contracts becoming effective July 1, 2006.	

Worker visits with child Action Steps

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
	<ul> <li>For children and families receiving services in their own home (non-dependent), develop and implement an INTERIM policy and practice guidelines for 30-day visits between social worker and parents and social worker and child, which address monitoring safety issues. <ol> <li>a. Utilizing workgroup in 19.1.1, establish policy workgroup to develop interim policy recommendations and practice guidelines to include caseload threshold for which the 30-day rule would apply and alternate frequency for when it does not. (alternate frequencies based on case load ratio)</li> <li>b. Workgroup to report out recommendations.</li> <li>c. Management team reviews and approves appropriate policy recommendations.</li> <li>d. Provide training to staff, caregivers and community partners to support policy implementation.</li> <li>e. Revise new social worker academy training to support interim policy and practice guidelines.</li> <li>f. Implement policy and practice guidelines.</li> <li>g. Establish baseline for compliance with 30 day visits and set performance measure.</li> <li>h. Initiate monthly quarterly reporting of performance to the field (based on offices rolled out per the implementation plan).</li> </ol></li></ul>	9/04  11/04 12/04  1/05  5/05  5/05  9/05  12/05	Complete (11/04) Complete (11/04) Complete (12/04) Complete (1/05) Complete (1/05) Complete (10/05) Complete (10/05)	Complete  The 30-day policy and guidelines were attached to the 4 <sup>th</sup> quarterly report.  The Governor directed that CA staff visit children who are receiving in-home services every 30 days effective 10/05  The policy was implemented 10/05. In the 4 <sup>th</sup> quarterly report, we requested and ROX concurred with changing the action steps and timeframes to reflect this.	14.1.4, 14.15

Worker visits with child Action Steps

Goals		Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
	19.1.4	For children placed in out-of-home care, develop and			*NEW*	14.1.2
	*New*	implement a policy to require 30-day visits between social worker and parents, and social worker and child <i>IN ALL CASES</i>			In the Annual DID review, we	
			3/05-5/05		In the Annual PIP review, we	
		a. Develop policy recommendations	<del>3/05-5/05</del> <del>5/05</del>		proposed and the ACF/RO	
		b. Workgroup to report out recommendations			concurred with replacing	
		c. CA Management reviews and approves appropriate policy recommendations	<del>6/05</del>		benchmark 19.1.1 with this action step.	
		d. Provide orientation to staff, caregivers and community	7/05			
		partners on new policy requirement	7/05-9/05		In the 4 <sup>th</sup> quarter, CA proposes	
		e. Revise new social worker academy training to support			that this item be implemented in	
		new policy and practice guidelines	<del>9/05</del>		accordance with the State	
		f. Phase-in new policy and provide orientation as			accreditation schedule.	
		additional staff are hired and local offices meet COA	10/05			
		case load standards of 1:18.	3/06		In the response to the 4 <sup>th</sup>	
		g. Review office caseloads quarterly.			quarterly report, ROX requested	
		h. Review performance quarterly through the case review	6/06		that adjustments be made to	
		<del>proce</del> ss.			benchmark "c" to complete	
		*New*			within the PIP timeframe.	
		a. <u>Implementation of 30 day visits to children in out of home</u>		Complete (10/05)	Adjustments were made in the	
		placement in offices currently meeting COA accreditation standards (19 offices)			5 <sup>th</sup> quarterly report.	
		b. Implementation of 30 day visits to children in out of home		Complete (12/05)	We have completed	
		placement in additional offices assessed by COA as meeting		Complete (12705)	implementation in most offices	
		COA standards offices by 9/06 (estimated to be 29 offices)			and will complete the remaining	
		c. Develop a plan for implementation of 30 day visits to		9/06	12 offices in Spring 2006.	
		children in out of home placement in all offices (state wide		77.00	12 offices in spring 2000.	
		implementation)				
		implementation)				

#### <u>Item 19</u> Worker visits with child Action Steps

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
	19.1.5 *New*  Develop and implement a policy to require 30-day visits between social worker and child who are receiving in-home services.  a. Implement 30-day visit policy. b. Revise new social worker Academy training to support new policy and practice guidelines. c. Establish baseline for compliance with policy changes and set performance measures. d. Initiate quarterly reviews	10/05 10/05 11/05 1/06	 	*NEW*  In the Annual PIP review, we proposed and the ACF/RO concurred with adding this action step to the PIP.  In the 4 <sup>th</sup> quarterly report, we proposed to remove the "new' item and incorporate this into 19.1.3.  The response to the 4 <sup>th</sup> quarterly report did not provide feedback on the proposal.	14.1.5

Well Being Outcon	ne 1:	Families have enhanced capacity to provide for their children's needs.					
Item 20		Worker visits with parents  Case Review Measures					
Measurement or Goal De	escription	(as negotiated 10/04)	Original CFSR Baseline (as negotiated 10/04)	Baseline from Central Case Review			
Measurement Method	Case F	Review					
Baseline Measure	CFSR o	onsite review, November 2003	28%	26%*			
Improvement Goal		schieved when improvement goal met or exceeded for two consecutive PIP erly reporting periods.	36% (Within one year from approval of PIP) 48% (Within two years	28%** (Within one year from approval of PIP)  42%** (Within two years			
			from approval of PIP)	from approval of PIP)			
Projected Date of Achievement for Goal	No lat	er than two years from date of approved PIP.	9/06	9/06			

<sup>\*</sup>Children's Administration developed a new case review tool that encompasses the Child and Family Services Review requirements in addition to statewide policies that need to be measured. Upon completion of the new tools a new baseline was established. This baseline was approved by DHHS Region X.

<sup>\*\*</sup>Based on the new baseline, improvement goals were adjusted with approval from DHHS Region X.

Well Being Outcome 1:	Families have enhanced capacity to provide for their children's needs.								
Item 20	Worker visits with par- Case Review Measures								
Progress Updates	1 <sup>st</sup> Quarter (October- December 2004)	2 <sup>nd</sup> Quarter (January- March 2005)	3 <sup>rd</sup> Quarter (April-June 2005)	4 <sup>th</sup> Quarter (July-September 2005)	5 <sup>th</sup> Quarter (October-December 2005)				
Current Measure	No measurement updates reported during the 1 <sup>st</sup> quarter	26%*	36% - The state has met the 1 <sup>st</sup> year achievement goal for one quarter.	26%	51% - The state has met the 2 <sup>nd</sup> year achievement goal for one quarter.				
Improvement Goal	36% (Within one year from approval of PIP) 48% (Within two years	28% by 10/05**	28% by 10/05	28% by 10/05	28% by 10/05				
	from approval of PIP)	42% by 10/06**	42% by 10/06	42% by 10/06	42% by 10/06				

<sup>\*</sup>Baseline using the new case review tool

<sup>\*\*</sup>Due to a new baseline, improvement goals were adjusted, with approval from DHHS Region X.

# Worker visits with parents Action Steps

	Goals		Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
20.1	Increase quality and frequency of social worker contact with children, parents and	20.1.1	For children placed in out-of-home care, develop and implement an <i>INTERIM</i> policy and practice guideline for 30-day visits between social worker and parents, and social worker and child.	(Refer to 19.1.1)		Complete.	14.1.1
	caregivers.	20.1.2	Review and revise contracts/licenses with Child Placing Agencies and make necessary changes to support 30-day visits.	(Refer to 19.1.2)			14.1.3
		20.1.3	For children and families receiving services in their own home (non-dependent), develop and implement an <i>INTERIM</i> policy and practice guidelines for 30-day visits between social worker and parents and social worker and child that address monitoring safety issues.	(Refer to 19.1.3)		Complete.	14.1.4

Well Being Outcon	e 2: Children receive services to meet their educational needs.		
Item 21	Educational needs of child  Case Review Measures		
Measurement or Goal De	scription	Original CFSR Baseline (as negotiated 10/04)	Baseline from Central Case Review
Measurement Method	Case Review		
Baseline Measure	CFSR onsite review, November 2003	77%	96%*
Improvement Goal	Item achieved when improvement goal met or exceeded for two consecutive PIP quarterly reporting periods.	81% (Within one year from approval of PIP)	90%** (Within one year from approval of PIP)
		87% (Within two years from approval of PIP)	90%** (Within two years from approval of PIP)
Projected Date of Achievement for Goal	No later than two years from date of approved PIP.	9/06	9/06

<sup>\*</sup>Children's Administration developed a new case review tool that encompasses the Child and Family Services Review requirements in addition to statewide policies that need to be measured. Upon completion of the new tools a new baseline was established. This baseline was approved by DHHS Region X.

<sup>\*\*</sup>Based on the new baseline, improvement goals were adjusted with approval from DHHS Region X.

Well Being Outcome 2:	Children receive services to meet their educational needs.						
Item 21	Educational needs of child Case Review Measures	d					
Progress Updates	1 <sup>st</sup> Quarter (October- December 2004)	2 <sup>nd</sup> Quarter (January- March 2005)	3 <sup>rd</sup> Quarter (April-June 2005)				
Current Measure	No measurement updates reported during the 1 <sup>st</sup> quarter	96%*	100% - Complete. The 2 <sup>nd</sup> year achievement goal has been met for 2 consecutive quarters.	No more reports are due			
Improvement Goal	81% (Within one year from approval of PIP)	90% by 10/05**	90% by 10/05**				
	87% (Within two years from approval of PIP)	90% by 10/06**	90% by 10/06**				

<sup>\*</sup>Baseline using the new case review tool

<sup>\*\*</sup>Due to a new baseline, improvement goals were adjusted with approval from DHHS Region X.

#### <u>Item 21</u> Educational needs of child

	Goals		Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
21.1	Improve response to educational needs of children.	21.1.1	Establish expectations and practice guidelines for social workers regarding educational assessment and advocacy across all programs for in-home and out-of-home cases.  a. Establish workgroup to develop expectations and practice guidelines.  b. Workgroup releases draft of practice guidelines to management team for review and comment.  c. Management team reviews and approves appropriate recommendations.  d. Orient staff to guidelines.	12/04 5/05 6/05 7/05-9/05	Complete (12/04) Complete (7/05) Complete (10/05) 2/06	A copy of the draft guidelines was attached to the 4 <sup>th</sup> quarterly report.  The guidelines are scheduled to be distributed to staff on February 6, 2006.	15.1.1
		21.1.2	e. Implement statewide.  Revise FRS program to address issue of educational advocacy for children receiving services in their own home.  a. Establish policy workgroup, including FRS social workers, to develop policy recommendations and practice guidelines for addressing issue of educational advocacy within the FRS program.  b. Workgroup reports out on recommendations.  c. Management team reviews and approves appropriate recommendations.  d. Provide training to FRS workers and contract providers to support policy changes.  e. Implement statewide.	10/05 9/04 1/05 3/05 4/05-6/05 7/05	2/06  Complete (10/04)  Complete (1/05) Complete (3/05)  3/06  3/06	The contracted education coordinators (see 21.1.3.) will provide training to FRS workers and contract providers beginning in early 2006.	15.2.2

Educational needs of child Action Steps

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
21	1.1.3 Establish education coordinators in each region to provide educational advocacy for youth 9-16 years old in out-of-home care.			Attachment D: Educational Coordinators Communication Plan.	15.2.3
	<ul> <li>The items below are subject to 2005 budget request:</li> <li>a. Develop roles and responsibilities for educational coordinators.</li> </ul>	7/05	Complete (10/05)	CA obtained funding for contracted education	
	<ul><li>b. Hire regional educational coordinators to provide educational advocacy.</li><li>c. Train regional <u>contracted</u> educational coordinators.</li></ul>	8/05 9/05	Complete (12/05) Complete (12/05)	coordinators.  In the 4 <sup>th</sup> quarterly report, we	
	d. Regional coordinators work with community partners to develop regional plans, including of existing community resources and tutoring/mentoring programs.	12/05		proposed a change to wording of benchmarks "c", "d", and "f" accordingly. The response to	
	e. Communicate program to staff, youth, caregivers and community partners.	1/06	2/06	the 4 <sup>th</sup> quarterly report did not provide feedback on the	
	f. Implement regional plans. Implement direct advocacy. g. Initiate quarterly reporting to the field.	1/06 4/06	2/06 5/06	proposal.	

Educational needs of child Action Steps

	Goals		Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
21.2	Collaborate with partners to improve educational outcomes for children receiving	21.2.1	In collaboration with partners, develop interagency working agreements between OSPI and CA to include protocols for effective information sharing and service planning for children in care.			A copy of the MOU was mailed following the 4 <sup>th</sup> quarterly report.	15.3.1
	services from Children's Administration.		<ul> <li>a. Statewide MOU between OSPI and CA signed.</li> <li>b. Conduct statewide summit to bring together regions with local school districts to get acquainted, build awareness, plan for regional meetings, and outline steps that will lead to a MOU between DCFS and local school districts.</li> </ul>	7/04 10/04	Complete (7/04) Complete (10/04)	The Interagency Agreement between DCFS and School districts was attached to the 1 <sup>st</sup> quarter report.	
			c. Each region completes agreements with 3-6 local school districts and report to HQ including basic elements of statewide MOU and address specifics such as transportation issues for children changing placements or transferring to other schools.	7/05	Complete (7/05)		
			d. Complete protocols with 30% of school districts within two years.	7/06	On Track		
		21.2.2	In collaboration with OSPI and local schools conduct regional Educational Achievement Summits.  a. Regional representatives attend statewide summit and regional breakout groups begin to plan region summits.	10/04	Complete (10/04)	Completed.	15.3.2
			<ul> <li>b. Regions develop collaborative planning workgroups with local districts.</li> <li>c. Develop training and communication plan for staff in region and local school districts.</li> </ul>	6/05 9/05	Complete (6/05) Complete (9/05)		

Educational needs of child Action Steps

Goals	•		Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
	Implement regional and statewide information and referral liaisons.  a. Regions identify Education leads. b. Provide regional and/or office contacts in local agreements. c. Establish protocols in local agreements. d. Communicate with staff regarding identified contacts and local agreements.	10/04 12/04 6/05 6/05	Complete (10/04) Complete (12/04) Complete (6/05) Complete (9/05)	Regional educational leads have been identified, regional/office contacts were identified in the local agreements, and protocols were established. Staff were notified regarding identified contracts and local agreements.  An example of the communication with staff was attached to the 4 <sup>th</sup> quarterly report.	15.3.3
	Develop and distribute educational brochures and/or information packets in collaboration with the education sector (Packets to include basic statewide information including: mandatory reporting information, and program descriptions for CA and schools)  a. In collaboration with OSPI, develop packet contents. b. Consolidate work products developed from HB 1058 workgroups for inclusion in packets. c. Customize information to target respective areas. d. Revise/draft CA policy to include distribution of materials and to clarify roles of youth and caregivers. e. Develop plan for distribution of packets to youth, parents, relative caregivers, foster parents, school staff, social workers and courts. f. Begin implementation of distribution plan.	10/04 3/05 6/05 <del>6/05</del>	Complete (10/04) Complete (3/05) Complete (6/05)  2/06	Contents of the package were attached in the 2 <sup>nd</sup> quarter.  Information will be distributed along with information about the new Education Coordinators (21.1.3) on February 6, 2006.	15.4.1

### Educational needs of child Action Steps

Goals		Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
	21.2.5 *New*	Implement Foster Care to College Plan (FCTC).  a. Finalize the Foster Care to College budget		Complete (9/05)	*NEW*	15.3.4
	INCW	b. Finalize coordinator position and placement		Complete (4703)	In the Annual PIP review, we	
		<u>Hire Coordinator</u>		2/06	proposed and the ACF/RO	
		c. Begin Implementation			concurred with adding this action	
		d. Full implementation Implementation of FCTC program (depending on extent of fund raising		2/06	step to the PIP. In the 4 <sup>th</sup> quarterly report the language of these benchmarks have been slightly modified.	
					Copies of FCTC proposal and budget were attached to the annual report.	

Well Being Outcome 3:		Children receive services to meet their physical and mental health needs.					
Item 22		Physical health of the child Case Review Measures					
Measurement or Goal De	escription		Original CFSR Baseline (as negotiated 10/04)	Baseline from Central Case Review			
Measurement Method	Case F	Review					
Baseline Measure	CFSR (	onsite review, November 2003	83%	86%*			
Improvement Goal		achieved when improvement goal met or exceeded for two cutive PIP quarterly reporting periods.	85% (Within one year from approval of PIP)	86%** (Within one year from approval of PIP)			
			88% (Within two years from approval of PIP)	88% (Within two years from approval of PIP)			
Projected Date of Achievement for Goal	No lat	er than two years from date of approved PIP.	9/06	9/06			

<sup>\*</sup>Children's Administration developed a new case review tool that encompasses the Child and Family Services Review requirements in addition to statewide policies that need to be measured. Upon completion of the new tools a new baseline was established. This baseline was approved by DHHS Region X.

<sup>\*\*</sup>Based on the new baseline, improvement goals were adjusted with approval from DHHS Region X.

Well Being Outcome 3:	Children receive serv	Children receive services to meet their physical and mental health needs.							
Item 22	Physical health of the Case Review Measures								
Progress Updates	1 <sup>st</sup> Quarter (October- December 2004)	2 <sup>nd</sup> Quarter (January- March 2005)	3 <sup>rd</sup> Quarter (April-June 2005)	4 <sup>th</sup> Quarter (July-September 2005)	5 <sup>th</sup> Quarter (October-December 2005)				
Current Measure	No measurement updates reported during the 1 <sup>st</sup> quarter	86%*	85%	74%	94% - The state has met the 2 <sup>nd</sup> year achievement goal for one quarter.				
Improvement Goal	85% (Within one year from approval of PIP)	86% by 10/05**	86% by 10/05**	86% by 10/05**	86% by 10/05**				
	88% (Within two years from approval of PIP)	88% by 10/06	88% by 10/06	88% by 10/06	88% by 10/06				

<sup>\*</sup>Baseline using the new case review tool

<sup>\*\*</sup>Due to a new baseline, improvement goals were adjusted with approval from DHHS Region X.

## Physical health of the child Action Steps

	Goals			Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
22.1	Improve health care assessments and resources for children receiving services from	22.1.1	eval for o	elop and implement an integrated, tiered system for uation of the health, development and educational needs children in out-of-home care.  a. Establish policy workgroup to develop recommendations	9/04	Complete (8/04)	The policy workgroup has completed development of recommendations for integration of Pre-Passport and Passport	16.1.1
	Children's Administration.			for integration of Pre-Passport and Passport Programs including the development of criteria, based on Pre-Passport results, to provide Passport services to children who have additional health needs.			Programs.  In the response to the 4 <sup>th</sup> quarterly report, ROX asked us to determine	
				<ul> <li>b. Workgroup report out on recommendations.</li> <li>c. Management review and approve policy/program recommendations.</li> </ul>	3/05 6/05	Complete (3/05) 3/06	what can be done to better meet the physical health needs of children. The CHET / Passport	
				d. Train Pre-Passport and Passport staff on program/policy changes.	6/05-12/05	5/06	integration will be reviewed by management in March 2006 and	
				e. Orientate staff, caregivers, providers and community partners on changes to program.  f. Implement integration plan.	6/05-12/05 1/06	5/06 6/06	will be attached to the next quarterly report.	

Physical health of the child Action Steps

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
	<ul> <li>Expand Pre-Passport to serve children in their own homes for whom CA has legal authority.         This action step and benchmarks are Subject to 2005 budget request.         <ul> <li>a. Utilizing policy workgroup from 22.1.1, establish policy and practice guidelines to identify children to be served and timelines for providing the service and report out recommendations.</li> <li>b. Management review and approve policy/program</li> </ul> </li> </ul>	3/05	Complete (3/05)	In the Annual PIP review, we proposed and ACF/RO concurred with the removal of this item. CA did not receive funding for this item in the biennium budget.	16.1.3
	c.—Train Pre-Passport staff on program changes. d. Orientate staff, caregivers, providers and community partners on changes to program. e. Implement program changes.	6/05-9/05 6/05-9/05 1/06	  		
	In collaboration with community partners, utilizing Pre- Passport and Passport profiles, or any successor model, identify service gaps and create state or regional plans to fill gaps through maximizing local resources.  a. Establish regional workgroups. b. Workgroups report out on recommendations and plans. c. Regional management teams review plans and approve recommendations. d. Begin implementation of approved portions of regional plans.	12/04 6/05 6/05-9/05 10/05	Complete (12/04) 2/06 3/06 4/06	Regional workgroups have been established. The workgroups are focused on developing recommendations and plans to fill service gaps utilizing local resources.	16.1.4

Physical health of the child Action Steps

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
	<ul> <li>Improve availability and utilization of regional medical consultants.</li> <li>a. Restructure use of medical consultants by identifying clear roles and responsibilities.</li> <li>b. Fill current open positions for medical consultants in each region.</li> <li>c. Communicate to staff about roles and responsibilities of medical consultants and how to access their services.</li> </ul>	12/04 5/05 6/05	Complete (12/04) Complete (8/05) Complete (8/05)	Complete.  During the 1 <sup>st</sup> quarter, a copy of the Initial Description of Roles and Responsibilities was attached to the report. The plan was to fill the current open positions by May 2005, but due to budget issues, all vacant positions within CA were frozen. The positions were filled after the beginning of the new biennium.	16.2.1
	<ul> <li>Identify service needs and connect to services and resources through the utilization of "No Wrong Door" staffings within six months prior to the child exiting care. <ul> <li>a. Establish workgroup, including CATS representatives, to determine criteria and policy requirements for staffings, including a process for tracking of "No Wrong Door" staffings in each region.</li> <li>b. Workgroup reports out on recommended strategies.</li> <li>c. Management team reviews and approves appropriate strategies.</li> <li>d. CATS completes requirements and design</li> <li>e. CATS completes construction complete (coding)</li> <li>f. CATS completes testing</li> <li>g. Pilot complete</li> <li>h. Orientate all staff to "No Wrong Door" criteria.</li> <li>i. Implement strategies.</li> <li>j. Report out on implementation and initiate quarterly reporting to the field on use of "No Wrong Door" staffings.</li> </ul> </li></ul>	9/04  12/04 1/05  2/05 3/05 4/05 6/05 7/05 9/05 12/05	Complete (12/04)  Complete (2/05) Complete (4/05)	We are no longer depending on NWD as the exclusive vehicle to achieve these staffings for adolescents exiting care. We do remain committed to providing multi-disciplinary staffings for youth six months before exiting out-of-home care using the Shared Planning policy which consolidates various case staffings into a streamlined, multi-disciplinary staffing framework. This draft policy will require staffings at 72 hrs (if there is an FTDM available), by 30 days, and every 6 months thereafter. All staffings must be multi-disciplinary and address the child's Safety, Permanency and Well-being. Identifying and addressing mental health concerns	16.2.2

### Physical health of the child Action Steps

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
	*New* d. Develop Shared Planning policy and include staffings within six months prior to the child exiting care. e. Obtain Braam panel comments of the draft policy f. Complete revisions to Shared Planning policy g. Orientate staff to the new Shared Planning policy h. Implement Shared Planning policy	6/05 11/05 12/05 1/06 2/06	3/06 4/06 5/06 7/06	are included under the Well-being focus.  In the 3 <sup>rd</sup> quarterly report we provided the Shared Planning Policy and Form. We also proposed and the ACF/RO concurred with changing this item.  In the 4 <sup>th</sup> quarter report we proposed replacing d-j with new d-h benchmarks. Due to limitations related to the CAMIS system it is not possible to continue with the system changes are originally proposed. The response to the 4 <sup>th</sup> quarterly report did not provide feedback on the proposal.  The draft Shared Planning policy has been provided to the Braam panel for comment. Once the panel comments have been received the policy will be revised and implemented.	

### Physical health of the child Action Steps

Goals	Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
	Develop and implement a case filing system to consolidate health records for children in care. (i.e. developing a separate binder for health care records)  a. Establish policy workgroup to develop recommendations for consolidation of health care records for children in out-of-home care, including policies for dissemination of health care records to resource families caring for the children.  b. Workgroup to report out on recommendations.  c. Management to review and approve appropriate recommendations.  d. Train staff on policy changes for dissemination of the health care records and processes for consolidation of records.  e. Implement policy and procedure changes.	12/04 6/05 8/05 9/05 12/05	Complete (12/04)  Complete (7/05) 3/06 5/06	This item will be implemented in conjunction with 22.1.1.  In the response to the 4 <sup>th</sup> quarterly report, ROX asked us to determine what can be done to better meet the physical health needs of children. See 22.1.1.	16.2.3

Well Being Outcome 3: Children receive services to meet their physical and mental health needs.					
Item 23		Mental health of the child  Case Review Measures			
Measurement or Goal De	escription		Original CFSR Baseline (as negotiated 10/04)	Baseline from Central Case Review	
Measurement Method	Case F	Review			
Baseline Measure	CFSR (	onsite review, November 2003	64%	83%*	
Improvement Goal		schieved when improvement goal met or exceeded for two consecutive arterly reporting periods.	68% (Within one year from approval of PIP)	85%** (Within one year from approval of PIP)	
			74% (Within two years from approval of PIP)	89%** (Within two years from approval of PIP)	
Projected Date of Achievement for Goal	No lat	er than two years from date of approved PIP.	9/06	9/06	

<sup>\*</sup>Children's Administration developed a new case review tool that encompasses the Child and Family Services Review requirements in addition to statewide policies that need to be measured. Upon completion of the new tools a new baseline was established. This baseline was approved by DHHS Region X.

<sup>\*\*</sup>Based on the new baseline, improvement goals were adjusted with approval from DHHS Region X.

Well Being Outcome 3:	Children receive serv	Children receive services to meet their physical and mental health needs.							
Item 23	Mental health of the c Case Review Measures								
Progress Updates	1 <sup>st</sup> Quarter (October- December 2004)	2 <sup>nd</sup> Quarter (January- March 2005)	3 <sup>rd</sup> Quarter (April-June 2005)	4 <sup>th</sup> Quarter (July-September 2005)	5 <sup>th</sup> Quarter (October-December 2005)				
Current Measure	No measurement updates reported during the 1 <sup>st</sup> quarter	83%*	82%	88% - The state has reached the 1 <sup>st</sup> year achievement goal for one quarter.	83%				
Improvement Goal	68% (Within one year from approval of PIP)	85% by 10/05**	85% by 10/05	85% by 10/05	85% by 10/05				
	74% (Within two years from approval of PIP)	89% by 10/06**	89% by 10/06	89% by 10/06	89% by 10/06				

<sup>\*</sup>Baseline using the new case review tool

<sup>\*\*</sup>Due to a new baseline, improvement goals were adjusted with approval from DHHS Region X.

#### <u>Item 23</u> Mental health of child Action Steps

Goals		Action Steps/Benchmarks	Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
23.1 Improve quality and accessibility of mental health services to children receiving services from Children's	23.1.1	Regions develop (or update) resource guides for staff regarding existing mental health resources available in each region.  a. Regions complete resource guides. b. Resource guides linked to intranet for staff to utilize.	12/04 3/05	Complete (12/04) Complete (3/05)	Complete.  A copy of the CA Intranet  Mental Health Guides was  attached to the 2 <sup>nd</sup> quarterly report.	17.1.1
Administration.	23.1.2	In collaboration with community partners, utilizing Pre-Passport and Passport profiles, or any successor model, identify service gaps and create state or regional plans to fill gaps through maximizing local resources.	(Refer to 22.1.3)			16.1.4
	23.1.3	Complete implementation of the newly developed agreements with Regional Support Networks (RSN) in each region by conducting informational sessions to RSN's and Children's Administration field offices on: <ul> <li>MOU between CA and Mental Health</li> <li>Access to care standards</li> <li>RSN protocols</li> <li>a. In coordination with regional offices, establish schedule</li> </ul>	10/04	Complete (11/04)	Complete.  The schedule of sessions and materials was attached to the 2 <sup>nd</sup> quarterly report.	17.1.4
		for informational sessions  b. Develop materials for sessions.  c. Begin implementation of schedule for informational sessions.	3/05 5/05	Complete (3/05) Complete (5/05)		
	23.1.4	Improve availability and utilization of regional medical consultants (e.g. psychiatrists)	(Refer to 22.1.4)			17.1.6
	23.1.5	Expand Pre-Passport to serve children in their own homes for whom CA has legal authority.	(Refer to 22.1.2)		Complete.	16.1.3

### Item 23 Mental health of child Action Steps

Goals		Action Steps/Benchmarks		Required Finish	Projected/ Actual Finish	Status	Cross- Reference Item to KCF II
		23.1.6	Develop and implement a strength-based family assessment tool.	(Refer to 17.1.2)			17.2.2
23.2 *New*	Improve practice related to well-being	23.2.1 *New*	Implement statewide case review model for assessing and improving practice related to Safety, Permanence and Wellbeing.  a. Implement schedule of annual review of case practice in each office  b. Complete written report of annual review of each office's case practice  c. In consultation with the offices, develop practice improvement plans  d. Provide statewide quarterly reports of case practice	(Refer to 4.4.1)			18.4.1